## Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

DMINISTRATIVE PROCEDURE	S NOTICE FILING		TELEBRONE	IIIMRER
AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-5248  STATE ZIP	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	39201
EMAIL Margaret. Wilson@medicaid.ms.gov	OCT 0 9 2020			
hort explanation of rule/amendmer to de is being emergency filed to probe the fined by the Centers for Medicare was emergency filed to allow for emaw.  Specific legal authority authorizing the first all rules repealed, amended, or specific PROCEEDING:	vide immediate covera and Medicaid Services ergency coverage durir ne promulgation of rule	(CMS), as well as sickle cell in cong the PHE as well as going forward:  Miss. Code Ann. §§ 43-13-117,	ingliance with state I ard in compliance with	aw. This n state
An oral proceeding is scheduled	for this rule on Date:	Time: Place:	_	
Presently, an oral proceeding is I	not scheduled on this r	ule.		r w Nobel
f an oral proceeding is not scheduled, an oral an agency or ten (10) or more persons. The bays after the filing of this notice of proposed person(s) making the request; and, if you are represent. At any time within the twenty-froposed rule/amendment/repeal may be supproposed rule/amendment/sepeal may be supproposed.	written request should be suid rule adoption and should in a ran agent or attorney, the nate (25) day public comment pubmitted to the filing agency	brillited to the agency contact problems address, compared to the name, address, email address, and telepholeriod, written submissions including arg	, and telephone number of one number of the party or uments, data, and views or	the parties you n the
		OSED ACTION ON RULES		ON ON RULES
TEMPORARY RULES  Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Action prop New Ame Repe Ado Proposed fi 30 d	rule(s) rule(s) rule(s) real of existing rule(s) ption by reference inal effective date: lays after filing er (specify): JAN 0 1 2021	Date Proposed Rule F Action taken: Adopted with a Adopted by re Withdrawn Repeal adopte Effective date: 30 days after f Other (specify	no changes in text changes ference d as proposed
Printed name and Title of pers	on authorized to file	rules: <u>Drew L. Snyder, Exe</u>	cutive Director	•
Signature of person authorized  OFFICIAL FILING STAM	d to file rules: DO NO	OT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL F	ILING STAMP
	SEC	OCT 0 9 2020 MISSISSIPPI CRETARY OF STATE	Accepted for filing	; by
Accepted for filing by	#251	70 ( )		